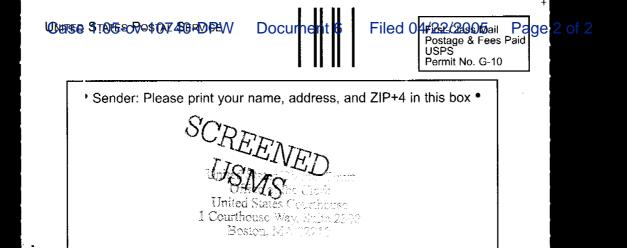
SENDER: COMPLETE THIS SECTION	COMPLETE THE SECTION ON DELIVERY
SEI DER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Frint your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. A ticle Addressed to: USS SPMCH, Spain 1. MCT NOYFOLK	A. Received by (Please Brint Clearly) B. Date of Delivery C. Signature X
2 Clarkst POBOX 43 NOVFOLK, MA 02052	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
Article Number (Copy from service label)	7004 1160 0005 9812 1852
PS Form 3811, July 1999 Domestic	Return Receipt 102595-00-M-0952



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